

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

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1. The name of the limited liability company is:		STATE OF IDAHO	
	BA Drywall, LLC		
2. The complete street and ma	ailing addresses of the initia	I designated/principal office:	
(Street Address)			
(Mailing Address, if different than street	address)		
3. The name and complete str	eet address of the registere	ed agent:	
Byron Allenby		4190 Hwy 8, Troy, ID 83871	
(Name)	(Street Address)	(Street Address)	
The name and address of a company:	t least one member or man	ager of the limited liability	
<u>Name</u>		<u>Address</u>	
Byron Allenby	4190 Hwy 8, Troy, IE	4190 Hwy 8, Troy, ID 83871	
5. Mailing address for future of	orrespondence (annual repo	ort notices):	
4190 Hwy 8 Troy,	IS 83871		
6. Future effective date of filing	g (optional):		
Signature of a manager, mer	nher or authorized		
person.	nbor of damonized		
		Secretary of State use only	
Signature Berer Alley			
Typed Name: Byron Aller	nhv		
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Signature		IDAHO SECRETARY OF STATE	
Typed Name:		Ø9/15/2011 Ø5:00 CK: 1284 CT: 262475 BH: 1298531	
rypou Name.		Will ALUI WIR GUETIU DIE AL MUNT	

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